

FORM C/OH
COVER SHEET PG 1

Revised 05/11/2000

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

DRINWOOD R. "BOBBY" FONSECA II

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ *421.80*EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

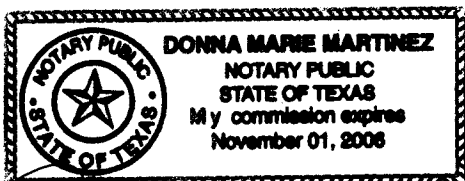
4. TOTAL POLITICAL EXPENDITURES

\$ *189.95*OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *189.95*

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Drinwood R. Fonseca II
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Drinwood R. Fonseca II*, this the *2nd* day of *April*, 20*08*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

ONE

2 FILER NAME

JUANOS R. "BOSSY" FONSECA II

3 ACCOUNT # (Ethics Commission filers)**4** Date

01-22-03

5 Payee name

CORRELL PRINTING

6 Payee address; City; State; Zip Code1160 ARWAY EL PASO TEXAS 79925
SUITE 0A-4**7** Amount
(\$)

164.85

8 Purpose of payment (See instructions regarding type of information required.)

POLITICAL BUSINESS CARDS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

01-21-03

Payee name

CITY OF EL PASO

Payee address; City; State; Zip Code

#2 Civic Center EL PASO TEXAS 79901

Amount
(\$)

3.10

Purpose of payment (See instructions regarding type of information required.)

PHOTO - COPIES

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03-26-03

Payee name

U.S. POST MASTER / EL PASO POST STATION

Payee address; City; State; Zip Code

3511 E. YAMORILL EL PASO TEXAS

Amount
(\$)

22.50

Purpose of payment (See instructions regarding type of information required.)

POST OFFICE BOX

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

ONE

2 FILER NAME

JUANOS R. "BOBBY" FONSECA II

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 189.95

5 Date of loan

NUMEROUS

7 Name of lender☐ out-of-state PAC (ID#: _____)

JUANOS R. "BOBBY" FONSECA II

9 Loan Amount (\$)

189.95

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

409 DOWEN E. APO TEXAS 79903

10 Interest rate

N/A

11 Maturity date

N/A

12 Description of Collateral☒ none**13** GUARANTOR INFORMATION**14** Name of guarantor

N/A

16 Amount Guaranteed (\$)

N/A

☒ not applicable**15** Guarantor address; City; State; Zip Code

N/A

17 Principal Occupation

SELF-EMPLOYED ACCOUNTANT

18 Employer

SELF-EMPLOYED

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor ☐ out-of-state PAC (ID#:**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

ONE

2 FILER NAME

ORLANDO R. "BOBBY" FONSECA II

3 ACCOUNT # (Ethics Commission filers)

4 Date

03-31-03

5 Full name of contributor

☐ out-of-state PAC (ID#:

AIDA MOLINAR

6 Contributor address; City; State; Zip Code

608 OLSON EL PASO TEXAS 79903

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03-30-03

Full name of contributor

☐ out-of-state PAC (ID#:

GENE FINKE

Contributor address; City; State; Zip Code

6090 SURETY DR. EL PASO TEXAS 79905
SUITE 100

Amount of contribution (\$)

120.00

In-kind contribution description (if applicable)

DINNER BUFFET
TICKETS

Principal occupation (Optional)

Employer (Optional)

Date

03-17-03

Full name of contributor

☐ out-of-state PAC (ID#:

BURRO PAC OF EL PASO

Contributor address; City; State; Zip Code

6046 SURETY DRIVE EL PASO TEXAS 79905

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

NAHB
CAMPAIGN
SCHOOL

Principal occupation (Optional)

Employer (Optional)

Date

03-15-03

Full name of contributor

☐ out-of-state PAC (ID#:

JAMES SCHERR

Contributor address; City; State; Zip Code

109 N. OREGON EL PASO TEXAS 79901
12TH FLOOR

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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